

**WELFARE TO WORK PLAN  
ACTIVITY ASSIGNMENT  
CHANGE**

PARTICIPANT NAME:	
CASE NAME:	
CASE NUMBER:	IDENTIFICATION NUMBER:
WELFARE TO WORK WORKER NAME:	

The WELFARE TO WORK PLAN - ACTIVITY ASSIGNMENT that I signed on \_\_\_\_\_ (Date) has been changed as follows:

I have reviewed these changes and agree with them. I understand that everything else in my Welfare to Work Plan-Activity Assignment that I signed on \_\_\_\_\_ (Date) still applies.

I have reviewed my need for Welfare to Work supportive services (child care, transportation, and work and training related expenses) with my Welfare to Work worker. I understand that I do not have to participate until specific arrangements for the supportive services I need have been made. I understand that I must tell my Welfare to Work worker right away of changes in my need for Welfare to Work supportive services, or if I no longer need them. If I do not report the changes in advance, Welfare to Work may not be able to pay for them.

**CERTIFICATION**

I understand that my Welfare to Work Plan includes this Activity Assignment Change, the Welfare to Work Plan - Rights and Responsibilities, the Welfare to Work Plan - Activity Assignment, and the Welfare to Work Handbook. I understand that the Welfare to Work activities and services, and my rights and responsibilities as a Welfare to Work participant, are explained to me on these forms. I understand that I can ask my Welfare to Work worker if I have any questions.

I understand that I have three working days to think about the terms of this Activity Assignment Change. I understand that if I want to change the terms of this Activity Assignment Change I must tell my Welfare to Work worker by \_\_\_\_\_ (Date). If I don't tell my Welfare to Work worker by then, this Activity Assignment Change is considered final. If Welfare to Work agrees to change this Activity Assignment Change, and I sign a new one, I understand that the new Activity Assignment Change is considered final.

I have read (or had read to me) and understand this Activity Assignment Change, and have received a copy of it. If I fail to meet my responsibilities without good reason, I know that there are certain penalties and that my cash aid may be affected.

PARTICIPANT'S SIGNATURE: ▶		DATE:
WELFARE TO WORK WORKER'S SIGNATURE ▶	PHONE:	DATE: